

#37 3762

Patent Attorney's Docket No. <u>000951-089</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In r	e Pate	ent Application of		3 = 7					
Jose	ph B.	PHIPPS)	Group Art Unit: 3762	3700 P					
App	olicatio	on No.: 08/463,904)	Examiner: M. Bockelman	11/18 -5 2002 3TOO MAIL R					
File	d: Ju	ne 5, 1995		11AR -5 2102 3TOO MAIL ROOM					
For	or: METHOD AND DEVICE FOR TRANSDERMAL ELECTROTRANS- PORT DELIVERY OF FENTANYL AN SUFENTANIL)						
		AMENDMENT/REPLY TRA	NSMITTAL LETTER						
		Commissioner for Patents on, D.C. 20231							
Sir:									
	Enclo	nclosed is a reply for the above-identified patent application.							
	[X]	A Petition for Extension of Time is also enclosed.							
	[] A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.								
	[X]	Also enclosed is an excerpt from The Mer	ck Index						
	[]	Small entity status is hereby claimed.							
	[]] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).							
		[] Applicant(s) previously submitted, requested.	on, for which continued e	xamination is					
	[]	Applicant(s) request suspension of action be exceed three months from the filing of this § 1.103(c). The required fee under 37 C.F.	RCE, in accordance with 37 C						
	[].	A Request for Entry and Consideration of S (146/246) is also enclosed.	Submission under 37 C.F.R. §	1.129(a)					
	[X]	No additional claim fee is required.	•						

Amendment/Reply Transmittal Letter Application No. <u>08/463,904</u> Attorney's Docket No. <u>000951-089</u> Page 2

[] An additional claim fee is required, and is calculated as shown below:

	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Γotal Claims		MINUS =		× \$18.00 (103) =	
Independent Claims		MINUS =		× \$84.00 (102) =	
f Amendment adds mu	ltiple depende	ent claims, add \$280	0.00 (104)		
Total Amendment Fee					
f small entity status is	claimed, subt	ract 50% of Total A	mendment Fe	e	

L	J	A claim fee in the an	nount of \$	18	enclosed
[]	Charge \$	to Deposit Account N	o.	02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Robert G. Mukai

Registration No. 28,531

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

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